

## **NOTICE OF PUBLICATION BAN**

In the College of Physicians and Surgeons of Ontario and Dr. Laws, this is notice that the Discipline Committee ordered a ban on the publication, including broadcasting, of the names of Patient A or any information that could identify the patient, under subsection 47(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 to the Regulated Health Professions Act, 1991.

The Discipline Committee also ordered a ban on publication of the names and any information that could disclose the identity of patients referred to orally or in the exhibits filed at the hearing ordered Pursuant to s. 45(3) of the Code.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45 or 47... is guilty of an offence and on conviction is liable,  
(a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or  
(b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

Indexed as: **Ontario (College of Physicians and Surgeons of Ontario) v. Laws, 2016  
ONCPSD 26**

**THE DISCIPLINE COMMITTEE OF THE COLLEGE  
OF PHYSICIANS AND SURGEONS OF ONTARIO**

**IN THE MATTER OF** a Hearing directed by the Inquiries, Complaints and Reports Committee of the  
College of Physicians and Surgeons of Ontario pursuant to Section 26(1) of the **Health Professions  
Procedural Code** being Schedule 2 of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as  
amended.

**B E T W E E N:**

**THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

**- and -**

**DR. ANTHONY RICHARD ELDON LAWS**

**PANEL MEMBERS:**

**DR. C. CLAPPERTON (Chair)**  
**MS. D. DOHERTY**  
**DR. A. TURNER**  
**MR. P. GIROUX**  
**DR. P. GARFINKEL**

**COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF  
ONTARIO:**

**MS. L. BROWNSTONE**

**COUNSEL FOR DR. LAWS:**

**MS. K. TRANQUILLI**  
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**INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:**

**MR. R. COSMAN**

**PUBLICATION BAN**

**Hearing Date: July 14, 2016**  
**Decision Date: July 14, 2016**  
**Release of Written Reasons: August 19, 2016**

## **DECISION AND REASONS FOR DECISION**

The Discipline Committee of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on July 14, 2016. At the conclusion of the hearing, the Committee stated its finding that the member committed an act of professional misconduct and delivered its penalty and costs order with written reasons to follow.

### **THE ALLEGATIONS**

The Notice of Hearing alleged that Dr. Laws committed an act of professional misconduct:

1. under clause 51(1)(b.1) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the Regulated Health Professions Act, 1991, S.O. 1991, c.18, in that he has engaged in the sexual abuse of patients;
2. under paragraph 1(1)2 of Ontario Regulation 856/93 made under the Medicine Act, 1991 (“O. Reg. 856/93”), in that he has failed to maintain the standard of practice of the profession; and
3. under paragraph 1(1)33 of O. Reg. 856/93, in that he has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

### **RESPONSE TO THE ALLEGATIONS**

Dr. Laws did not contest the allegations in the Notice of Hearing, that he has engaged in the sexual abuse of patients; that he has failed to maintain the standard of practice of the profession; and that he has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

## **THE FACTS**

The following facts were set out in a Statement of Facts and Plea of No Contest that was filed as an exhibit and presented to the Committee:

1. Dr. Laws first received an independent practice certificate from the College of Physicians and Surgeons of Ontario (“the College”) on July 15, 1986. Dr. Laws’ certificate expired in April, 2015 when he resigned from the College.
2. During the material times, Dr. Laws was a general practitioner with a practice in Hamilton, Ontario. He focused on treating patients with attention deficit disorder (“ADD”).

### **Patient A**

3. In about May, 2014, the College received a mandatory report from a psychiatrist working with patients at St. Joseph’s Healthcare, Hamilton, about a patient’s disclosure of sexual misconduct by Dr. Laws. At that time, Dr. Laws was in his mid-60s.
4. The patient, Patient A, was subsequently interviewed by College investigators.
5. Patient A was a regular patient of Dr. Laws’ private practice from about March, 2012 to about June, 2014. During that time, Patient A was in his 30s. He was referred to Dr. Laws by a psychologist for investigation of suspected ADD.
6. A copy of Dr. Laws’ OHIP billing records for Patient A is attached at Tab 1 of the Statement of Facts and Plea of No Contest.
7. Dr. Laws treated Patient A for ADD, including by prescribing him stimulant medications.
8. During the course of the doctor-patient relationship, Dr. Laws, on several occasions, invited the patient to Dr. Laws’ home office in the Hamilton area. On

those occasions, there was no time spent in any office. Rather, Patient A would go to Dr. Laws' house and, in Patient A's words, he and Dr. Laws would "hang out". During these visits, Dr. Laws and the patient consumed alcohol together and went into Dr. Laws' hot tub together.

9. On one of these occasions at Dr. Laws' home, Dr. Laws kissed Patient A.
10. On another occasion at Dr. Laws' home, Dr. Laws gave a massage to Patient A while they were both naked. During the course of a massage, Dr. Laws put Patient A's penis in his mouth.
11. Patient A slept at Dr. Laws' house two or three times because he had been drinking alcohol and did not want to drive home.
12. Patient A told the College that "there isn't really a clear boundary between friend and doctor and it's always been kind of frustrating to me."
13. During the course of the doctor-patient relationship, Patient A and Dr. Laws exchanged numerous emails about both social and medical issues. A sample of e-mails between Patient A and Dr. Laws is attached at Tab 2 of the Statement of Facts and Plea of No Contest.
14. On one occasion at Dr. Laws' house, during the time that Dr. Laws was prescribing stimulant medication to Patient A, Dr. Laws provided Patient A with a cookie that had marijuana in it, which Patient A consumed. Patient A then experienced some psychotic symptoms, which caused him to attend the Emergency Room of the local hospital, where he was admitted.
15. The College retained Dr. Brian MacDonald, a psychiatrist practicing in the community in Kingston, Ontario, to provide his opinion on the care and treatment Dr. Laws provided to Patient A. Dr. MacDonald concluded that Dr. Laws did not meet the standard of practice of the profession in two areas – in his inappropriate

relationship with Patient A and in the use of stimulant medications for ADD. Dr. MacDonald stated, among other things:

It is hard to find and follow a logic, and clinical reasoning about the evolution of his treatments for this patient. Dr. Laws' notes are sketchy and incomplete. His hand writing is often illegible.

...

My concern is primarily with respect to the dosing of the stimulants for ADD. ... he did exceed the standard maximum doses of drugs in the treatment of ADD.

...

[T]here were circumstances in this case which made going above the usual dose range inappropriate...

When Dr. Laws used these higher doses of these stimulants the risks related to cardiovascular injury and psychosis increased substantially. There is no evidence in the note that Dr. Laws was carefully monitoring these physical risks.

...

Lastly, there is evidence that Dr. Laws, while treating [Patient A] with stimulants, gave him an illicit drug, likely cannabis, that may have precipitated the acute paranoid psychotic state that took [Patient A] to hospital.

In summary, Dr. Laws fell short of the standard of practice of the profession in his use of excessive doses of stimulants for ADD with poor documentation and without appropriate careful follow up. His giving this patient an illicit street drug is also reprehensible and immoral and put a patient with mental illness already on medications, at risk of destabilization – all of this falling short of the standards of the profession.

16. Dr. MacDonald's report is attached at Tab 3 of the Statement of Facts and Plea of No Contest.

### **Patient B**

17. Patient B became Dr. Laws' patient, in Dr. Laws' private practice, in about May, 2003 when he was in his 30s, and remained Dr. Laws' patient until at least August, 2010.
18. Dr. Laws treated Patient B for ADD.

19. Patient B became Dr. Laws' tenant in 2004, during the course of the doctor-patient relationship. As Dr. Laws swore in an affidavit, their arrangement was that Patient B rented a room in Dr. Laws' house on a monthly basis for \$450/month and Patient B would assist in the yard and house maintenance as required. This arrangement lasted for several years.
20. During this time, Dr. Laws also completed a medical document regarding Patient B's ability to participate in employment-related activities in support of Patient B's receipt of social assistance. During this time, Dr. Laws and Patient B opened a joint bank account. Patient B's social assistance payments were deposited directly into the account that Dr. Laws and Patient B shared.
21. Dr. Laws also prescribed narcotics to Patient B during the course of the doctor-patient and landlord-tenant relationships.
22. Although Dr. Laws advised the College that Patient B ceased being his tenant when the College investigation was brought to his attention in 2009 or 2010, he did hire Patient B to work on his property at later dates.
23. The College retained Dr. Doron Almagor, a psychiatrist practicing in Toronto, to provide his opinion on the care and treatment Dr. Laws provided to Patient B. Dr. Almagor concluded that Dr. Laws did not meet the standard of practice of the profession in his care and treatment of Patient B. He stated:
 

...Dr. Laws' documentation in the medical chart of [Patient B] with respect to assessment and treatment planning appear to be incomplete....making it very difficult to follow the rationale for any treatment decisions.

...

The changes to medications and doses appear to be haphazard. The pattern of medication prescription does not appear to be consistent with standard guidelines and require further clarification by Dr. Laws. Dr. Laws appears to have used very poor judgement in the care of [Patient B] in at least two areas:

  - i. Unless there is a rationale which I am not aware of in the pattern and prescription of narcotics, they appear to be inappropriate. Dr. Laws in his correspondence with other physicians appears to

consistently omit his prescribing of narcotics to this patient, while mentioning other medications. The reasons for this require further clarification and/or explanation by Dr. Laws.

- ii. There also appear to be very serious boundary violations by Dr. Laws and his patient [Patient B]. The medical chart includes correspondence with confirms that Dr. Laws was living with [Patient B] in his home in a tenant-landlord relationship, which included the exchange of money between them. This situation requires further explanation by Dr. Laws.

24. Following an interview with Dr. Laws, Dr. Almagor clarified his opinion as follows:

- 1) Dr. Laws was unable to provide any plausible explanation regarding his prescription history of the patient [Patient B]....
- 2) Dr. Laws demonstrated very poor insight with respect to the violation of professional boundaries by treating [Patient B] as a patient, while simultaneously having him reside at Dr. Laws' home as a tenant. Dr. Laws indicated (pg 28 - Dec 10, 2012 transcript) that his only error was to complete a benefits form for [Patient B] while [Patient B] lived at Dr. Laws' home. Dr. Laws also reported that he felt that he himself was the one who may have been taken advantage of (pg 36 – Dec 10, 2012 transcript). He further added that he continues to have contact with [Patient B] whom he reported he had hired to work on his property in 2012. Dr. Laws did not demonstrate insight or acknowledgement with regards to the boundary issues, nor did he express any sense of responsibility with regards to his role in this doctor-patient relationship.
- 3) Dr. Laws also did not provide an adequate explanation regarding his prescription of opiates to [Patient B], but not mentioning the use of these drugs in subsequent reports to other physicians.

25. Dr. Almagor's two reports are attached at Tab 4 of the Statement of Facts and Plea of No Contest.

#### **PLEA OF NO CONTEST**

26. Dr. Laws does not contest the facts set out in paragraphs 1-24 above. On the basis of those facts, Dr. Laws pleads no contest to the allegations that:



1. He has engaged in sexual abuse of Patient A under clause 51(1)(b.1) of the Health Professions Procedural Code which is schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (the “Code”);
2. He has failed to maintain the standard of practice of the profession under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O. Reg. 856/93”), in respect of his care and treatment of Patients A and B; and
3. He has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, under paragraph 1(1)33 of O. Reg. 856/93 in respect of his failure to maintain boundaries with Patient B as described above.

## **FINDINGS**

On pleading no contest to the allegations of professional misconduct, there are certain legal consequences that follow by reason of the Rules of the Discipline Committee. When there is a plea of no contest, the member consents to the following:

- a) that the Discipline Committee can accept as correct the facts alleged against the member on that allegation for the purposes of College proceedings only.
- b) that the Discipline Committee can accept that those facts constitute professional misconduct or incompetence, or both, for the purposes of College proceedings only.
- c) that the Discipline Committee can dispose of the issue of what finding ought to be made without hearing evidence.

The Committee accepted as correct all of the facts set out in the Statement of Facts and Plea of No Contest. Having regard to these facts, the Committee found that Dr. Laws committed an act of professional misconduct in that he has engaged in the sexual abuse of a patient; has failed to maintain the standard of practice of the profession; and has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

### **JOINT SUBMISSION ON PENALTY AND COSTS**

Counsel for the College and counsel for the member made a joint submission as to an appropriate penalty and costs order. The Committee was mindful that a joint submission should be accepted unless to do so would be contrary to the public interest, and bring the administration of justice into disrepute.

### **Mandatory Penalty Order**

College counsel submitted that revocation of Dr. Laws' certificate of registration was the appropriate penalty in this matter. Revocation is mandatory when there has been oral-to-genital contact between a doctor and his patient.

College counsel based her argument for revocation on the finding of sexual abuse, the evidence submitted by Patient A and Patient B, messages and emails between Dr. Laws and Patient A, Dr. Laws' OHIP billing records for Patient A, relevant case law, and the assessment of Patient A's health record by Dr. Brian K. MacDonald, a psychiatrist. In addition, Dr. Doron Almogar, an expert in treating ADD, reviewed the case history of Patient B and interviewed Patient B., and interviewed Dr. Laws on two occasions.

Counsel for Dr. Laws stated that Dr. Laws had stopped his medical practice in April 2015, when he resigned from the College. She also noted that Dr. Laws had been fully cooperative with the College and had appeared before the Committee at its hearing. Dr.

Laws and the College made a joint submission as to an appropriate penalty and costs order.

Section 51.(5) of the Health Professions Procedural Code provides:

“If a panel finds a member has committed an act of professional misconduct by sexually abusing a patient, the panel shall do the following in addition to anything else the panel may do under subsection (2):

1. Reprimand the member.
2. Revoke the member’s certificate of registration if the sexual abuse consisted of, or included, any of the following,
  - ii. ... oral to genital... contact...”

Based on the findings, the penalty of revocation and reprimand are mandatory in this case.

### **General Principles Relating to the Determination of Penalty**

The Committee considered that protection of the public from further misconduct by Dr. Laws to be of the utmost importance in this case. Mandatory revocation achieves this objective. It is also vital to maintain the public’s confidence in the College’s ability to self-govern in the public interest. The penalty provides specific and general deterrence and communicates the profession's disapproval of the misconduct.

### **Denunciation**

The Committee wished to express its abhorrence of Dr. Laws’ behaviour and is unanimously of the view that revocation is the appropriate penalty, even if it were not mandatory, in the circumstances of this case.

**Protection of the Public and Demonstrating the Profession's Ability to Self-Govern in the Public Interest**

The revocation of Dr. Laws' certificate of registration will serve to protect the public from any further misconduct by him. It will also serve to maintain public confidence in the integrity and reputation of the medical profession, and in its capacity for effective self-governance in the public interest. The public must feel confident that no physician will ever misuse his position of trust and authority to take advantage of patients in the way that Dr. Laws has done.

**General Deterrence**

The Committee accepts that misconduct such as Dr. Laws' has the potential to bring the reputation of the profession as a whole into disrepute. Revocation conveys to both the public and the profession that a physician who exploits a patient for his own gratification cannot remain a member of the profession. The Committee recognizes that the practice of medicine is a privilege, not a right, and that Dr. Laws had abused that privilege. Other members must recognize how seriously the profession takes such abusive behavior.

**Specific Deterrence**

Revocation of his certificate of registration will ensure that Dr. Laws is no longer in a position to abuse other patients.

The Committee viewed Dr. Laws' behavior as an egregious breach of the fiduciary responsibilities inherent in the doctor-patient relationship. Mandatory revocation displays the profession's abhorrence of such conduct as well as protects the public from physicians who sexually abuse patients.

## **Review of Earlier Cases**

Counsel for the College put two recent, somewhat similar cases before the Committee for its review and consideration involving revocation of the physician's certificate of registration. The Committee understands that no two cases are ever identical.

In *Ontario (College of Physicians and Surgeons of Ontario) v. Krishnalingam*, 2016 ONCPSD 8, the Committee received into evidence a Statement of Uncontested Facts regarding this hospital-based psychiatrist who, over a period of six weeks, engaged in frequent, repetitive, and alarming boundary violations with a vulnerable female patient. These included inappropriate enquiry, trying to kiss the patient on the lips, and grabbing and hugging her. Dr. Krishnalingam's interaction with this patient represented a pattern of behavior in which he had behaved similarly over a lengthy period, in 1996, 2005, and 2010. The Committee directed an immediate revocation of Dr. Krishnalingam's certificate of registration

In a second case, *Ontario (College of Physicians and Surgeons of Ontario) v. Glumac*, 2016 ONCPSD 14, Dr. Glumac, a psychiatrist, began treating a female patient who had multiple concerns – chronic pain, frequent surgeries, and a history of childhood sexual abuse. She also had a difficult family life, with her husband having a developmental disorder and two special needs children, as well as significant financial limitations. Dr. Glumac engaged in significant boundary violations with this patient, including over-exposure of his own personal, marital, and religious life, physical contact, inappropriate OHIP billing, and borrowing funds the patient had inherited. A joint submission on penalty and costs was made and the Committee found that the immediate revocation of Dr. Glumac's certificate of registration was appropriate.

## **Aggravating Factors**

1. Dr. Laws' sexual abuse of Patient A occurred over a two years period. Patient A was younger, vulnerable, and in need of treatment by a physician. This clearly placed Dr. Laws in a position of authority and trust which he abused by seducing

Patient A into an inappropriate personal relationship for the purposes of sexual exploitation. When a position of trust is found to have existed, this can be considered an aggravating factor. The Committee felt strongly that a position of trust as well as a power imbalance existed in the relationship between Patient A and Dr. Laws. Dr. Laws' abuse of a vulnerable patient over the span of two years is a most disgraceful disregard of the fundamental principles of the profession.

2. Dr. Laws' patients suffered because of his boundary violations. For example, Patient B became Dr. Laws' tenant and employee, both of which are boundary violations in their own right. Dr. Laws even opened a joint bank account with Patient B into which Patient B's social assistance payments were deposited. Dr. Laws also prescribed narcotic medication to Patient B without an adequate explanation while maintaining both the doctor-patient and landlord-tenant relationship. In the same vein, Patient A told the College that "there isn't really a clear boundary between friend and doctor and it's always been kind of frustrating to me."
3. Dr. Laws has not demonstrated an understanding or appreciation of how important boundaries are to the practice of medicine. The parameters of the doctor-patient relationship are at the core of the capacity to treat. Physicians are taught early in clinical training to provide care only according to the patient's needs, not their own; to avoid harm to the patient; to respect the individual; and not to exploit the patient's dependency on the physician, while maintaining privacy and truthfulness. Trust, integrity, and a commitment to the patient's well-being are essential to the provision of safety in the therapeutic environment. When he was first contacted by the College in 2009 and realized there were concerns about his conduct with Patient B, Dr. Laws ceased some of his boundary-violating behaviour. However, Dr. Laws continued to employ Patient B as recently as late 2012.

4. Dr. Laws displayed no insight into his behavior. When Dr. Almogar talked to him about boundary issues, he felt his only error was to complete a benefit form for his patient/tenant.
5. Dr. Laws inverted the victimization phenomenon by claiming he was the victim. He accepted no responsibility of his role in the doctor-patient relationship.
6. Dr. Laws treated Patient A with stimulant medications in high doses and on one occasion provided the patient with a cookie that had marijuana in it. After eating it, the patient developed paranoid psychotic symptoms, eventually being admitted to the hospital where he was treated for psychosis. This could have been related to the marijuana consumption, or a high dose of the stimulant medication, or a combination of the two. Dr. MacDonald, on reviewing Patient A's chart, felt the doses of stimulant medication exceeded the standard maximum. There was no regard for cardiovascular or psychosis risks related to these high doses. There is no evidence that Dr. Laws was monitoring these risks, and his use of an illicit drug, probably cannabis, was very dangerous and extremely inappropriate.
7. This is Dr. Laws' second appearance before the Discipline Committee (his first was in 1999). In 1992, an adolescent boy was referred to Dr. Laws for treatment of ADD. Over the next year and a half, Dr. Laws treated him with several medications which can, on occasion, cause hepatotoxicity. The parents of the patient alleged that Dr. Laws failed to alert them to the possible side effects and that he failed to take proper steps to monitor the patient's liver function. Unfortunately, the patient developed liver failure, and after undergoing two liver transplants, died in August 1993. Dr. Laws provided notes from the record and from letters to other clinicians indicating he had discussed hepatotoxicity with the family and that he had ordered appropriate blood tests. He later admitted to falsifying the chart and letters. At the time, Discipline Committee suspended his certificate of registration for six months, three of which would be suspended if he satisfied certain specified criteria. Among other requirements, Dr. Laws was to undergo psychiatric treatment, to take a course on the treatment of ADD, a course

in medical ethics, and one on medical record keeping. Despite completing these, his behaviour did not improve. Just 4 years later, he began his involvement with Patient B.

These aggravating factors support the Committee's conclusion that the appropriate penalty for Dr. Laws' misconduct is the revocation of his certificate of registration, independent of the mandatory requirement of the Code which is applicable by reason of Dr. Laws' oral to genital contact with Patient A.

## **ORDER**

The Committee stated its findings of professional misconduct in paragraph 1 of its written order of July 14, 2016. In this same order, on the matter of penalty and costs, the Committee ordered and directed that:

2. The Registrar revoke Dr. Laws' certificate of registration effective immediately.
3. Dr. Laws appear before the panel to be reprimanded.
4. Dr. Laws to reimburse the College for funding provided to patients under the program required under section 85.7 of the Code, by posting an irrevocable letter of credit or other security acceptable to the College, by August 15, 2016, in the amount of \$16,060.00.
5. Dr. Laws pay costs to the College in the amount of \$5,000.00 by August 15, 2016.

At the conclusion of the hearing, Dr. Laws waived his right to an appeal under subsection 70(1) of the Code and the Committee administered the public reprimand.



TEXT of PUBLIC REPRIMAND  
Delivered July 14, 2016 in the case of the  
COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO  
And  
DR. ANTHONY RICHARD ELDON LAWS

THE CHAIRPERSON: Dr. Laws, your behaviour is egregious. You exploited patients for your own purposes. You breached boundaries financially, personally, and, in one case, sexually. Compounding the egregiousness of your actions is the fact that your patients were vulnerable young men. They were relying on you, and you used them for your own purposes. Your patients had substance abuse problems and ADD. You inappropriately gave alcohol to them, even though one patient was on a high dose of medication to treat ADD, you gave him a pot cookie which likely precipitated a paranoid psychotic episode requiring hospitalization.

There is always a power imbalance between a doctor and a patient. It is always the doctor's responsibility to maintain boundaries. You used your power for your own purposes, and furthermore blamed one of your patients who you speculated was taking advantage of you.

For many years, the College has been very clear to the profession about boundary issues. It is not acceptable to treat patients as friends, have financial dealings with them, or sexually abuse them. Your actions have brought shame and disgrace to the profession as a whole. Trust in the profession is essential for patients to receive appropriate care. The fact that this went on for years and your lack of insight adds to the gravity of your conduct.

The Committee agrees with your counsel, who said that your actions have led to a painful, public, humiliating end to a career in medicine.

*This is not an official transcript*